103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Undergraduate Request to Change Majors

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

Name _____ Student ID _____

Address _____ Telephone _____

_____ Date _____

Student Signature _____

Circle Choice: 1. Change of Primary Major
2. Request for Dual Major

Are you an International Student? ☐ Yes ☐ No

International students funded by a third party sponsor should check regulations that may require additional processing for approval.

_____
Current Primary Major

1. _____ Check One: ☐BS ☐BA
Requested New Primary Major

_____
Emphasis Area

_____
Expected Graduation Date

2. _____ Check One: ☐BS ☐BA
Secondary Major

_____
Emphasis Area

_____
Expected Graduation Date

Academic Regulations: All changes in the student's curriculum of study require approval of the receiving department. The receiving department may place reasonable academic conditions upon the application and also may require that the student work closely with a departmental advisor or take advantage of the academic skills program at the Counseling and Testing Center. Any such conditions must be explicitly noted by the department on this application.

DEPARTMENTAL ACTION

Assigned Advisor of the Primary Major Department _____

Assigned Advisor of the Secondary Major Department _____

_____ _____
Signature of Primary Department Chair (or representative) Date

_____ _____
Signature of Secondary Department Chair (or representative) Date

Request Approved ☐

Request Denied ☐

Comments: _____

_____

_____

_____

Copies to: White – Registrar Blue – New Dept Dk. Yellow – Previous Dept Lt. Yellow – Student

Revised: 11/5/2007